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| Case Number: | CM14-0139553 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 10/14/2003 |
| Decision Date: | 10/28/2014 | UR Denial Date: | 08/21/2014 |
| Priority: | Standard | Application Received: | 08/28/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 72-year-old female who reported an injury on 10/14/2003 due to an unknown mechanism. Diagnosis was joint derangement, ankle. A physical examination on 07/31/2014 revealed constant pain in the left ankle/foot that was aggravated by ascending and descending stairs, lifting, and bending. The pain was rated 6/10. Examination of the ankle/foot revealed tenderness over the anterior portion of the ankle. There was pain with inversion and eversion of the ankle, which were full. There was no evidence of instability. There was no apparent swelling. Her strength was normal and medications were Voltaren SR 100 mg, Cyclobenzaprine, Sumatriptan, Succinate, Ondansetron, Omeprazole 20 Mg, Quazepam, Tramadol, Cidaflex, Ketoprofen, Norco, Terocin Patch, and Methoderm Gel. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The request for Omeprazole 20mg #30 is not medically necessary. Clinicians should determine if the patient is at risk for gastrointestinal events which include age > 65 years, a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or using a high dose/multiple NSAIDs. Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 ug four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture). Patients at high risk for gastrointestinal events with no cardiovascular disease a Cox-2 selective agent plus a PPI if absolutely necessary. The efficacy for this medication was not reported. The request does not indicate a frequency for the medication. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.